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# Fax

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**To:** OIPE **From:** Shian Luong  
Special Programs Examiner

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**Fax:** 571-273-8300 **Pages:** 12

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**Phone:** **Date:** 17 April 2007

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**Re:** Change of Address **cc:**

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**Urgent**  **For Review**  **Please Comment**  **Please Reply**  **Please Recycle**

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To Whom It May Concern:

Please see the attached request by applicant for the change of correspondence address. Please update the change.

Best regards,

Shian Luong  
PCT Special Programs Office  
USPTO  
Shian.luong@uspto.gov

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PCT SPECIAL  
PROGRAMS OFFICE

**HOWREY**  
LLP

2941 FAIRVIEW PARK DRIVE  
SUITE 200  
FALLS CHURCH, VA 22042  
PHONE: 703.663.3600 • DIRECT FAX: 703.852.7204

Date: April 11, 2007

To:	Name:	<u>PCT-Help Desk - URGENT</u>		
	Company:	<u>USPTO</u>		
	Fax Number:	<u>571-273-0419</u>		
	Phone Number:	<u>571-272-4300</u>		
From:	Name:	<u>Michael J. Bell</u>		
	Direct Dial No.	<u>703-663-3600</u>	User ID:	<u>4812</u>
No. of Pages (including cover):		<u>11</u>	Charge No:	<u>09101.0502.000000</u>

Message:

Gentlemen:

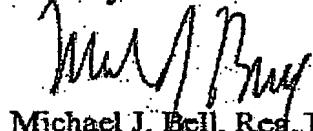
On January 5, 2007 we filed Change of Correspondence Address forms to move several applications to Customer Number 56744 from Customer Number 32894. This has still not been completed properly.

I have attached copies of the Change of Correspondence Address Application forms and the stamped postcard receipt.

Please forward to DOBO and have the updates completed as soon as possible. The change of address forms are already associated with each application.

If you have any questions, please contact Deborah White at 703-663-3751.

Thank you.

  
Michael J. Bell, Reg. No. 39604

DM-US-20346334\_2

Please indicate receipt of the below identified paper:

<input type="checkbox"/> New Application	<input type="checkbox"/> Type of Patent	<input type="checkbox"/> Priority Date:		
<input type="checkbox"/> PTO Priority claimed	<input type="checkbox"/> Fee Am. \$0 may be for Excesses And No. of Jmts.			
<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	<input type="checkbox"/> CPA	<input type="checkbox"/> RCE
<input type="checkbox"/> Specification	<input type="checkbox"/> Pages	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Sheets	
<input type="checkbox"/> Response to Office Action Dated:		<input type="checkbox"/> Final Rejection		
<input checked="" type="checkbox"/> Other: Mail Stop EBC: Request for Change of Correspondence Address Transmittal 1 page: PTO/SB/12-12 form: PTO/SB/12-49 Form: Return postcard.				
<input type="checkbox"/> Assignment Enclosed	<input type="checkbox"/> Cert. of Express Mailing	<input type="checkbox"/> Exp. Mail:		

## IDENTIFICATION OF APPLICATION

Serial No.:	Filing Date:	Responsible Att'y:	File No.:
Title:		IN 06 2007	
Applicant:	Entered By: Secretary		
Client:	Final Filing No. 5712730419		
To PTO via Hard Delivery on:	Date: 1/5/2007	Due Date:	1/5/2007

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PTO/SB/122 (01-08)

Approved for use through 12/31/2008. GMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**CHANGE OF  
CORRESPONDENCE ADDRESS**  
*Application*

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/517,100
Filing Date	08-18-2005
First Named Inventor	Yoshimitsu Miyuchi
Art Unit	1754
Examiner Name	
Attorney Docket Number	001370084/PCUS00

Please change the Correspondence Address for the above-identified patent application to:

The address associated with  
Customer Number:

56744

OR

Firm or  
Individual Name

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone. \_\_\_\_\_ Email. \_\_\_\_\_

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

Applicant/Inventor  
 Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 Attorney or agent of record, Registration Number 38604  
 Registered practitioner named in the application transmittal letter in an application without an  
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

*Michael Bell*  
38604

Typed or Printed  
Name

Michael Bell

Date

11/3/07

Telephone 703-663-3600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple  
forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.